



# IDAHO DEPARTMENT OF HEALTH & WELFARE

FILE COPY

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

April 11, 2007

Donna Robinson  
Mountain View Center for Geriatric Psychiatry  
500 Polk Street East  
Kimberly, ID 83341

Dear Ms. Robinson:

This is to advise you of the findings of the Medicare/State Licensure Fire Life Safety survey, which was concluded at your facility, Mountain View Center for Geriatric Psychiatry, on March 27, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

Mt. View Ctr for Geriatric  
April 11, 2007  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **April 24, 2007**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Taylor Barkley".

TAYLOR BARKLEY  
Health Facility Surveyor  
Fire/Life Safety & Construction Program

TB/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/06/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2007</b>
NAME OF PROVIDER OR SUPPLIER <b>MOUNTAIN VIEW CENTER FOR GERIATRIC P.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 POLK STREET EAST KIMBERLY, ID 83341</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The psychiatry hospital portion of the building consists of the east wing (100 wing) of the original 1962 single story, protected wood frame building. Although separated by a set of control doors at the entry to the east wing, the psychiatry hospital is considered as part of the existing nursing facility (i.e., non-two hour separated wing) for purposes of compliance with fire/life safety requirements.</p> <p>The entire building including the hospital wing, is protected by an automatic fire extinguishment system (i.e., dry system) as well as a newer fire alarm/smoke detection system throughout. There is an exit to grade from the east end of the hospital wing with a second exit to the west at the intersection of the east wing corridor with the central core of the building.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on March 27, 2007. The facility was surveyed under the Life Safety Code 2000 Edition, Chapter 19 Existing Health Care Occupancy adopted March 11, 2003. In accordance with CFR 42, 483.70</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Fire / Life Safety</p>	K 000	<p>RECEIVED</p> <p>APR 24 2007</p> <p>FACILITY STANDARDS</p>	
K 046	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p>	K 046		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Denna Robinson*

*Administrator*

*4/23/07*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 046	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Based on record review and staff interview, it was determined the facility had not ensured that emergency lighting was being maintained and tested in accordance with NFPA 101, 7.9.3 The facility had a census of 12 patients and five staff on the day of the survey. This deficiency affected all patients and staff present on the day of the survey.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Record review on March 27, 2007 at 1:25 PM disclosed that the facility did not have any records of testing the emergency lighting monthly or annually.</li> <li>Staff interview on March 27, 2007 at 1:27 PM disclosed that the facility did not know what lights may or may not be wired into the emergency generator.</li> </ol>		K 046	<p>K046</p> <ol style="list-style-type: none"> <li>On 4/19/07 the power was shut Down to the entire building for 30 minutes to test the emergency power outlets and emergency lighting. It is documented on which outlets are emergency outlets. The emergency generator will be tested under load and log. Date, time, and duration of test. The maintenance supervisor will document the monthly logs and the Administrator will monitor these logs monthly.</li> <li>On 4/19/07 the power was shut down to the entire building for 30 minutes. All emergency power outlets and lighting was identified for emergency power.</li> </ol> <p>Maintenance to test generator 30 minutes monthly under load and log. Date, time, and duration of test. Administrator to monitor for compliance monthly.</p>	5/8/07
K 144	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are tested monthly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by:</p>		K 144		5/8/07

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K 144	Continued From page 2  Based on record review and staff interview, it was determined the facility had not ensured that the emergency generator was being maintained and tested in accordance with NFPA 99, 3.4.4.1 The facility had a census of 12 patients and five staff on the day of the survey. This deficiency affected all patients and staff present on the day of the survey.  The findings include:  1. Record review on March 27, 2007 at 1:35 PM disclosed that the facility did not have any records or logs for the testing of the emergency generator.  2. Staff interview on March 27, 2007 at 1:37 PM disclosed that the facility did not know what circuits the emergency generator would provide service for.	K 144	K144  K046 1. On 4/19/07 the power was shut Down to the entire building for 30 minutes to test the emergency power outlets and emergency lighting. It is documented on which outlets are emergency outlets. The emergency generator will be tested under load and log. Date, time, and duration of test. The maintenance supervisor will document the monthly logs and the Administrator will monitor these logs monthly.  2. On 4/19/07 the power was shut down to the entire building for 30 minutes. All emergency power outlets and lighting was identified for emergency power.  Maintenance to test generator 30 minutes monthly under load and log. Date, time, and duration of test. Administrator to monitor for compliance monthly.	5/8/07  5/8/07  5/8/07	

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER <b>MOUNTAIN VIEW CENTER FOR GERIATRIC PSYCH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 POLK STREET EAST KIMBERLY, ID 83341</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	<p>16.03.14 Initial Comments</p> <p>The psychiatry hospital portion of the building consists of the east wing (100 wing) of the original 1962 single story, protected wood frame building. Although separated by a set of control doors at the entry to the east wing, the psychiatry hospital is considered as part of the existing nursing facility (i.e., non-two hour separated wing) for purposes of compliance with fire/life safety requirements.</p> <p>The entire building including the hospital wing, is protected by an automatic fire extinguishment system (i.e., dry system) as well as a newer fire alarm/smoke detection system throughout. There is an exit to grade from the east end of the hospital wing with a second exit to the west at the intersection of the east wing corridor with the central core of the building.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on March 27, 2007. The facility was surveyed under the LIFE SAFETY CODE, 1985 Edition, Existing Health Care Occupancy, in accordance with IDAPA 16.03.14.</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction</p>	B 000		
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for</p>	BB161		

RECEIVED  
APR 24 2007  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Donna Robinson*

*Administrator*

*4/23/07*

Bureau of Facility Standards

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BB161	Continued From Page 1  the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to the following Federal tags on CMS 2567:  K 046 Emergency Lighting Requirements  K144 Inspection and testing of emergency generator	BB161		5/8/07

May 2<sup>nd</sup>, 2007

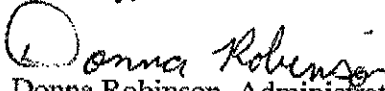
Mountain View Care Center  
500 Polk St. E  
Kimberly, ID 83341

Idaho Department of Health & Welfare  
Bureau of Facility Standards  
P.O. Box 83720  
3232 Elder Street, Boise ID 83705

To Whom It May Concern,

We are asking for an extension on our plan of correction submitted for the Medicare/State Licensure Fire Life Safety Survey conducted on March 27<sup>th</sup>, 2007. The facility said the plan of correction would be completed by May 4<sup>th</sup>, 2007. The facility was unable to get the load test completed on the generator. We are requesting an extension for our plan of corrections to be completed by May 18<sup>th</sup>, 2007.

Sincerely,

  
Donna Robinson, Administrator  
Mountain View Care Center



JAN-17-2001(WED) 01:05

P. 002/002

Rx Date/Time JAN-13-2001(SAT) 04:45  
05/11/2007 02:34 2083248848

2083248848  
PETRUZZELLI ELECTRIC

P 001  
PAGE 01/01

## JOB ESTIMATE


05/10/07



3090 Highlawn Dr.  
Twin Falls, ID 83301  
(208) 324-0030

To: Mountain View Care Center  
Attn: Larry

Report on load facts regarding 5kw back up generator.  
Performed amp reading on phase A and B load side of generator transfer switch. Measured a total of 11  
amps combined which equates to 1320 watts which is approximately 26% of the operating capacity.  
If you have any questions please contact me 280-0737.

  
Paul J. Petruzzelli  
Electrical Contractor

This estimate is for completing the job as described above. It is based on our evaluation and does not include material price increases or additional  
labor and materials that may be required should unforeseen problems or adverse weather conditions arise after the work has started. Note: We may  
withdraw this estimate if not accepted within 30 days.